

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>04/868901</i>	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1								
2	2								
1	1								
2	2								
7		1							
8			1						
9				1					
10					1				
11		1							
12			1						
13				1					
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47									
48									
49									
50									
TOTAL IND.	2	2	2	2					
TOTAL DEP.	6	6	6	6					
TOTAL CLAIMS	8	8	8	8					